Please type a plus sign inside	this box ± PT	O/SB/01	(12/97) A	pproved for u	ise throug	h 09/30/00,	OMB 065	1-0032	2 +	
OIP EDECLARAT	ION FOR U	TILITY	OR	Attorney	Attorney Docket Number 3			37505.0048		
PATE	DESIGN NT APPLICA	MOIT		First Na	First Named Inventor U			Urso et al.		
· IAM L	37 CFR 1.63)			COMPL	COMPLETE IF KNOWN					
TRANSME				Applicat	ion Numt	er				
Declaration Submitted C		eclaration ubmitted	ı after Initial	Filing D	ate					
with Initial Filing		Filing (sure (37 CFR 1.		Group A	rt Unit					
	rec	quired)		Examine	r Name					
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Device And Method For U	niformly Distribu	iting Elec		(nyantion)						
(Title of the Invention) the specification of which is attached hereto OR										
us filed on (MM/DD/YYYY) as United States Application Number or PCT International									onal	
Application Number and was amended on (MM/DD/YYYY) (if application Number and was amended on (MM/DD/YYYY)								plicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of										
America, listed below and I or of any PCT international									ertificate,	
Prior Foreign Application (Numbers)	ion Country		Foreign Fil (MM/DD/		Priority Not Claimed		Certified Copy Attached YES NO			
							0			
Additional foreign appl	ntal priority d	ata cheet	DTO/SR/02R	attached here						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Num			iling Date (MN			on(s) listed o	······			
60/417,329			r 9, 2002			☐ Additional provisional application numbers are listed on a supplementa priority data sheet PTO/SB/02B attached hereto.			olemental	

DECLARATION	· Utility or	Design Paten	t Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

. U.S. Parent Applicati n or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)		
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									nereto.			
	d inventor, I h and Tradema				stered prac	tition	er(s) to prose	cute thi	s application	and to transac	et all business in	
Customer Number									stomer Number			
■ Registere		<i>OR</i> r's name/ı	registratio	on number list	ed below				\rightarrow	Bar Cod	le Label Here	
	Name		- 6	Registrati		Name				Registration No.		
Michael F.	Scalise			34,920			- <u> </u>				•	
□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto										eto		
Direct all correspondence to: ■ Customer Number or Bar Code Label					33751	1 OR ■ Correspondence address below					ess below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:								4				
Given Name (first and middle [if any])						Family Name or Surname						
Tina Urso												
Inventor's Signature			u ///						Date	140e703		
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Post Office	Address											
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City East Amherst		State	New Y		ZIP	140		Country	USA			
□ Addition	nal inventors a	re being na	med on the	e 1 supplementa	al Additiona	l Inve	ntor(s) sheet(s)	PTO/S	B/02A attache	ed hereto.		



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor								
Given Nan	ny]) Family Name or Surname									
Dominick		Frustaci								
Inventor's Signature	Dougast) G	<u>- 100</u>	oi.			Date	090ct03		
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Post Office Address								•		
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City	Williamsville	State	New Y	ork	ZIP	14221	Country	USA		
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Given Nan	ne (first and middle [if a	any]) Family N					ame or Surname			
Michael	0									
Inventor's Signature	Michael	XL	lud	ン			Date	10/9/03		
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Post Office Address	53 Pinewood Drive									
City	West Seneca	State	New Yo	ork	ZIP	14224	Country	USA		
Name of Additional Joi	☐ A petition has been filed for this unsigned inventor									
Given Nan	any]) Family N				Family Name o	me or Surname				
Inventor's Signature						"	Date			
Residence: City		State		Country			Citizenship			
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City	State				ZIP		Country			